

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09-486 981

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		4				
6	(1)					
7	(1)					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	6		0			
TOTAL CLAIMS	10		4			

SERIAL NO.	09-486 981	FILING DATE
APPLICANT(S)		
IND.		
DEP.		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

BEST AVAILABLE COPY